

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

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| SERIAL NO. 09/673198 | FILING DATE |
| APPLICANT(S) | |

CLAIMS

| AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| TOTAL DEP. | | ← | ↓ | ← | ↓ |
| TOTAL CLAIMS | | ██████████ | ██████████ | ██████████ | ██████████ |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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